



Alternative Destination Program (ADP)

Overtaxed EDs are a regional phenomenon. Next week, EMIHS is launching a pilot with goals being more appropriate care for our patients, reducing burden on our local Emergency Departments (ED), and fostering quicker transport unit cycle times. You may recall it being called the Alternative Destination Program (ADP).

- Battalion 1 and subsequently Battalion 4 will participate in the initial phase of the ADP.
- Via an in-station training brief, battalion personnel are being educated and cleared to act as ADP triage agents. All three shifts at Station 16 have undergone the training.
- Triage agents are permitted to evaluate their patient's candidacy for transport to an Alternative Destination (AD). If a lower acuity patient meets defined criteria and consents to an AD, triage agents are permitted to bypass the local ED.
- For the initial phase of our pilot, ADs will be Righttime Medical Care in Silver Spring (Four Corners) and Olney, and the Kaiser Clinical Decision Unit (CDU) in Gaithersburg.
- Assuming the initial phase goes well, additional training and phased implementation will occur in prescribed order at Stations 1, 2, 42, 25, and 40.
- Once Battalions 1 and 4 are engaged and we have had an opportunity to observe progress and adjust accordingly, our goal is to expand training and phased implementation countywide. At that time, we also anticipate integrating the remaining in-county Righttime locations and all Adventist Healthcare Urgent Care Centers into the ADP. This includes the Urgent Care Center at the old Washington Adventist Hospital.

As with any pilot, anticipated outcomes and desired results are not assured. The ADP, for example, will not miraculously unclog our county's EDs. However, we are confident it can reduce some of their daily volume. The Maryland Institute of Emergency Medical Services Systems (MIEMSS) is eagerly awaiting the program results. If successful, MIEMSS may institutionalize this unique approach at the State level.

In the meantime, EMIHS will be observing how the ADP is affecting our own system resources. At the same time, we are also working with influential partners in the public and private sector to implement solutions directed toward our patients battling addiction (e.g. chronic alcoholics) and/or experiencing behavioral health conditions. More on these efforts and other EMIHS-based initiatives to follow in an upcoming communication.

Thanks for taking the time to read this lengthy narrative and hope you find it useful. Questions may be forwarded to Assistant Chief John Dimitriadis or Battalion Chief Alan Butsch, via your chain of command.